

July 2007

RM News & Notes



Safety Tip of the Day

WHAT TO EXPECT DURING THE CALL

Try not to panic. Speak slowly and clearly. If you talk too quickly, you may waste time repeating yourself. The typical call will involve:

- The person who first answers nine one one (9-1-1) call is a dispatcher. Tell them you have a medical emergency and need an ambulance.
- You will be asked to give the phone number you are calling from and the address for the location of the injured or sick person.
- You will be asked to describe the problem. You will be asked about the nature of the emergency, the number of people involved the injured or ill person's gender and age, and whether or not they are conscious or breathing. This information helps to determine the seriousness of the problem and what resources are required.
- While you are answering questions, a dispatcher will inform the appropriate responders. You may not hear the dispatcher doing this, but don't be concerned, continue to answer the questions. All the information you provide is relayed to the personnel responding to the emergency. This allows them to prepare before they arrive.
- The dispatcher may give you first aid instructions over the phone.
- Please do not hang up until the dispatcher tells you that you can.
- If possible, have someone waiting outside for the ambulance. If it is dark, put on an outside light.

Columbia County Board of Commissioners Risk Management Department

630 Ronald Reagan Drive, Building B
PO Box 498
Evans, Georgia 30809
Fax: 706-868-3301

Darlene M. Bartlett ARM
Risk Manager

706-868-3363

dbartlett@columbiacountyga.gov

Janice A. Matthews CPS/CAP
Administrative Assistant

706-312-7475

jmatthews@columbiacountyga.gov

Web Page

<http://www.columbiacountyga.gov/home/index.asp?page=2440>

Message from the Risk Manager

I have been involved in or have personal knowledge of several recent incidences where an ambulance should have been called immediately and the call was either delayed or never made. Thankfully, all of these specific situations have been resolved without further problems, but the outcome(s) might just as easily have been deadly. Reasons not to call can range from denial of problem, embarrassment, trying to save money, thinking ambulance takes too long and any number of other excuses. I am not suggesting you call an ambulance for every cut, scrape and bruise, but when there is a head injury, severe chest pains, difficulty breathing, etc. (see page 2 for more extensive listing of medical emergencies), make a reasonable choice and call 9-1-1 to request assistance. Don't try to drive them yourself as you may be at increased risk for a crash due to distractions and pressures of the situation plus you cannot render the medical assistance during transport that is available in an ambulance. Remember also that a victim of illness or injury may not be thinking clearly and should not be making the decision of whether or not to call an ambulance. Try to stay calm and keep your emotions under control. Assess the situation and if your good judgment indicates an ambulance is needed, then make the call. Always better safe than sorry.

Darlene

Safety Officer News and Notes

What to do until help arrives

- Do not leave an ill/injured victim alone once the call has been made.
- Do not move an injured victim unless he or she is in danger.
- Do not remove any embedded objects from a wound.
- Do not give the victim anything to eat or drink.
- Keep the victim as warm and comfortable as possible.
- If not breathing or stops breathing, administer CPR.
- If bleeding - apply direct pressure with a clean cloth.
- If burned - cover with clean cloth. Do not put ice, butter, cream or ointment on the burn. Do not break blisters.
- If seizures - clear the area and allow the seizure to occur. Do not put anything in the victim's mouth or otherwise try to restrain them.
- Remain calm and help the victim remain calm.

If another person is available, have him or her meet the ambulance and show the way to the victim.

If you think you should call an ambulance, but you're not sure - call anyway . . .

If you think you should call an ambulance, but the victim doesn't want an ambulance or wants to wait - call anyway....

EMTs and paramedics can attend, assess and provide treatment on the scene. If it turns out not to be a medical emergency, they can assist without transport at no charge. Plus, if it is a true medical emergency, every second counts and your prompt call could mean the difference between life and death.

These pages are only a guideline for emergency care. Please follow directions given by your health care provider or the 911 operator.

- **Be prepared before an emergency occurs: Take the time to learn what to do in the case of an emergency.**
- **Attend a cardiopulmonary resuscitation course (CPR course).**
- **Attend a first-aid course.**
- **For information about CPR and first-aid courses, contact the Risk Management Department.**

When to Call an Ambulance

Recognizing Emergencies

What is a medical emergency?

Always call nine one one (9-1-1) for an ambulance in the following circumstances:

- **Unconscious person** – who doesn't wake or respond when shaken.
- **Heart attack (suspected)** – crushing chest pain that lasts more than five minutes. The pain may spread to arms and jaw.
- **Breathing difficulty** – especially if the person is unable to speak more than a few words or has blue lips or mouth.
- **Abdominal pain** – that is severe and undiagnosed.
- **Hemorrhages** – major uncontrolled bleeding.
- **Bleeding** – that does not stop after at least 10 minutes of continuous pressure.
- **Back pain (severe)** – after a fall or after sudden onset of back pain if over 50 years of age.
- **Burns** – which are bigger than the size of a hand and/or cause severe pain that is not relieved with simple painkillers, or if the person has difficulty breathing.
- **Choking** – especially if the person is unable to talk, cry or breathe.
- **Convulsions or fitting** – if the person is still fitting as you phone nine one one (9-1-1) or if they have no history of convulsions (for example epilepsy or brain injury).
- **Drowning**, near drowning, diving or scuba accident.
- **Stroke (possible)** – especially if the person experiences numbness, loss of function of hand, arm or leg, slurred speech, facial droop or severe abrupt headache.
- **Headache (severe)** – not the usual kind, with or without loss of function of arm or leg.
- **Motor vehicle accidents** – if you think someone has been injured.
- **Industrial accidents** – where a person is injured or trapped.
- **Vaginal bleeding (severe)** – with possible or confirmed pregnancy.
- **Suicide attempt.**
- **Pain (severe) after a fall or injury** – when the person is unable to sit up, stand or walk.
- **Drug overdose or poisoning** – whether you know for sure or just suspect an overdose.
- **Diabetes** – if the person is not fully awake or not behaving normally.
- **Allergic reaction** – especially with difficulty breathing or loss of consciousness.
- **Electrical shock** – of any kind.
- **Trauma (injury)** – which is severe, especially to the head, neck, chest or abdomen – for example if the person was stabbed, shot or impaled, or hit by or ran into an object.
- **Meningococcal disease** – if symptoms indicate possible infection.
- **Hypothermia or heat stress** – which is severe.

Safety Stories

Due to the content of this edition of our newsletter we have elected to not include a Safety Story in order to provide more space.

Up Coming Events

Each program is advertised by Risk Management and is available to each employee of Columbia County and the city employees of Grovetown and Harlem. Additionally, the Defensive Driving Courses may be attended by immediate family members of employees, on a space available basis, for a nominal fee.

Pre-registration is required.

For additional information or to register contact Risk Management. 706-312-7475

Safety Review Board **July 12, 2007**

Defensive Driving

Course – 8 hour **July 19, 2007**
August 14, 2007
September 4, 2007
September 20, 2007

Defensive Driving

Course – 4 hour

CPR/AED/First Aid **August 23, 2007**

County Office Closed **September 3, 2007**

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Handy Hints

TAKE BABY POWDER TO THE BEACH

Keep a small bottle of baby powder in your beach bag. When you are ready to leave the beach, sprinkle yourself and kids with the powder and the sand will slide right off the skin.

WISHING
YOU
A

Happy 4th

